

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

530
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 08/02/04

ER (08/04)

1040940

1. NAME Theiot, Steve J.
Last First MI

2. BUSINESS PHONE 504-908-7261

3. BUSINESS ADDRESS 401 Whitney Ave, Suite 1289, Gretna, LA 70056
Street and No. City State Zip

MAILING ADDRESS P.O. Box 487, Marrero, LA 70073
Street and No. City State Zip

4. EMPLOYER Consulting Services of LA, LLC

5. EMPLOYER'S ADDRESS 401 Whitney Ave, Suite 1289, Gretna, LA 70056
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Parish of Jefferson
Address 1221 Elmwood Park Blvd, Harahan, LA 70123
Business or purpose PARISH GOVERNMENT

☐ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☒ Terminated Representation as of 5/19/04

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LETTERS
ETHICS REGISTRATION
CAMPAIGN FINANCE
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SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist